

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. \_\_\_\_\_

Page 1 of 1

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Ramo-Wouldridge Corporation \_\_\_\_\_  
(Payee)

8820 Ballance Avenue Los Angeles 45, California  
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice numbers		Cost	Per	Dollars	Cts.
PAYMENT:  Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			1095				\$ 6,421	02
			1096				9,630	09
			1097				6,423	98
			1098				17,082	87
			1099				3,739	58
			2000				40,688	66
			2001				42,708	42
			2002				2,976	73
			2003				70	55
Use continuation sheet(s) if necessary								

PAYMENT:  
Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$129,741 90 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_ Title \_\_\_\_\_

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for

Approved for \$ \_\_\_\_\_

STATINTL

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_  
(Approving Officer)

Date \_\_\_\_\_

STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ favor of payee named above.

(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the person writing the company or corporation, per John Smith, Secretary, or Treasurer, as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.* \_\_\_\_\_

*Tp* **Hunt-Woodbridge Corporation** (Payee)

1800 Ballance Avenue Los Angeles 43, California  
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Invoice numbers					
		1091				6,481	00
		1096				9,630	00
		1097				6,483	92
		1098				17,082	97
		1099				3,739	18
		1100				48,688	64
		1101				48,708	44
		1102				2,976	73
		1103				78	99
PAYMENT:							
Complete	<input type="checkbox"/>						
Partial	<input type="checkbox"/>						
Final	<input type="checkbox"/>						
		Use continuation sheet(s) if necessary					

Shipped from	to	Weight	Government B/L No.	Total
				1199.741

I certify that the above bill is correct and just and that payment has not been received.

**(Sign original only)**

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Per _____	Title _____
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Contract No.	A-100	Date	Req. No.	Date	Invoice Rec'd.
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Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

(Authorized Certifying Officer)

By \_\_\_\_\_

**SIGN  
ORIGINAL  
ONLY**

Title (Contracting Officer)

**Title** \_\_\_\_\_

Date \_\_\_\_\_

THIS REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

**ACCOUNTING CLASSIFICATION** (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
{ Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ } favor of payee named above.  
(Sign original only).

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space below. \* For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_", and over his official title.

Title